

#9 Amdt A
SMW 3-18-04



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 5, 2004.

Appl No. : 09/782,687 Confirmation No. 4983
Applicant : Jafar Savoj
Filed : February 12, 2001
Title : LINEAR HALF RATE PHASE DETECTOR AND CLOCK AND DATA RECOVERY CIRCUIT

TC/A.U. : 2633
Examiner : N. Curs

Docket No. : 50991/DBP/B600
Customer No. : 23363

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MAR 11 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
March 5, 2004

Commissioner:

In response to the Office action of December 5, 2003,
please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 6 of this paper.

Remarks/Arguments begin on page 14 of this paper.

2633
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Signature

Applicant : Jafar Savoj
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
March 5, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE					
Total Claims Fee	24	*24	0	0 x \$9.00	0 x \$18.00	0					
Independent Claims	4	** 0	0	0 x \$43.00	0 x \$86.00	0					
Multiple Dependent Claims ***				\$145.00	\$290.00	0					
TOTAL FILING FEE						0					
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0					
LIST INDEPENDENT CLAIMS: 1, 8, 14 and 21											
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"											

Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.

**Amendment Transmittal Letter
Application No. 09/782,687**

X Other enclosures: INFORMATION DISCLOSURE STATEMENT WITH FEE
UNDER 37 CFR §§ 1.97(c) AND 1.17(p),
FORM PTO/SB/08A/B, AND
\$180 CHECK

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



Stephen D. Burbach
Reg. No. 40,285
626/795-9900

AW/rilm

SDB PAS553821.1-* 03/5/04 3:56 PM